

DEPARTMENT OF PUBLIC HEALTH  
AND HUMAN SERVICES

CHAPTER 114

COMMUNICABLE DISEASE CONTROL

ADMINISTRATIVE RULES

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CHAPTER 114

COMMUNICABLE DISEASE CONTROL

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Subchapter 1

General Provisions

37.114.101 DEFINITIONS Unless otherwise indicated, the following definitions apply throughout this chapter:

(1) "Case" means a person who is confirmed or suspected to have a reportable disease or condition as listed in ARM 37.114.203.

(2) "Clean" means to remove infectious agents and/or organic matter from surfaces on which and in which infectious agents and/or organic matter may be able to live and remain virulent, by scrubbing and washing as with hot water and soap or detergent.

(3) "Communicable disease" means an illness due or suspected to be due to a specific infectious agent or its toxic products, which results from transmission of that agent or its products to a susceptible host, directly or indirectly.

(4) "Concurrent disinfection" means the use of a method which will destroy any harmful infectious agents present immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges before there is opportunity for any other contact with them.

(5) "Contact" means a person or animal that may have had an opportunity to acquire an infection due to the contact's association with a suspected or confirmed infected person or animal or a contaminated environment.

(6) "Contamination" means the presence of a disease-causing agent upon a living body surface or within or upon any inanimate article or substance.

(7) "Control of Communicable Diseases Manual" means the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004). A copy of the "Control of Communicable

Diseases Manual" may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001.

(8) "Department" means the Department of Public Health and Human Services.

(9) "Guideline for Isolation Precautions in Hospitals" means the guideline published by the federal Government Printing Office. A copy of the guideline may be obtained from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161, phone: (703)487-4650. Any orders should refer to the publication number PB96138102 for the "Guideline for Isolation Precautions in Hospitals" (1996).

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37.114.101

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(10) "Health care" means health care as defined in 50-16-504, MCA.

(11) "Health care facility" is a facility as defined in 50-5-101, MCA.

(12) "Health care provider" means a health care provider as defined in 50-16-504, MCA.

(13) "HIV infection" means infection with the human immunodeficiency virus.

(14) "Household contact" is a person or animal living within the household of an infected person.

(15) "Infected person" means a person who harbors an infectious agent whether or not illness is currently discernible.

(16) "Infection" means the entry and development or multiplication of an infectious agent in the body of man or animals.

(17) "Infection control precautions" means those measures necessary to prevent the transmission of disease from an infected person to another person, taking into consideration the specific suspected or confirmed communicable disease and the specific circumstances of the case. The infection control precautions required for a case admitted to a hospital or other health care facility are those measures identified as isolation precautions applicable to the specific disease in the "Guideline for Isolation Precautions in Hospitals" (1996) adopted in ARM 37.114.105. The infection control precautions required for a case not admitted to a hospital or other health care facility are those measures identified as methods of control applicable to the specific disease in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004), adopted in ARM 37.114.105. Infection control precautions are required, as stated in this rule, whether or not the person is subject to isolation.

(18) "Infectious agent" means an organism, chiefly a microorganism, but including helminths, that is capable of producing an infection or infectious disease.

(19) "Infectious disease" means a clinically manifest disease of man or animals resulting from an infection.

(20) "Infectious person" means a person from whom another person may acquire an infectious agent by touch or proximity.

(21) "Isolation" means separation during the period of communicability of an infected or probably infected person from other persons, in places and under conditions approved by the department or local health officer and with observance of all applicable infection control precautions.

(22) "Laboratorian" means any person who supervises or works in a laboratory.

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37.114.101

(23) "Local health officer" means a county, city, city-county, or district health officer appointed by a local board of health. As used in these rules, the term will include the authorized representative of a local health officer.

(24) "Outbreak" means an incidence of a disease or infection significantly exceeding the incidence normally observed in a population of people over a period of time specific to the disease or infection in question.

(25) "Physician" means a person licensed to practice medicine in any jurisdiction in the United States or Canada.

(26) "Potential outbreak" means the presence or suspected presence of a communicable disease in a population where the number of susceptible persons and the mode of transmission of the disease may cause further spread of that disease.

(27) "Quarantine" means those measures required by a local health officer or the department to prevent transmission of disease to or by those individuals who have been or are otherwise likely to be in contact with an individual with a communicable disease.

(28) "Reportable disease" means any disease, the occurrence or suspected occurrence of which is required to be reported by ARM 37.114.203.

(29) "Sensitive occupation" means an occupation described in ARM 37.114.301.

(30) "Sexually transmitted disease" means human immunodeficiency virus (HIV) infection, syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale, or chlamydial genital infections.

(31) "Sexually Transmitted Diseases Treatment Guidelines 2002" means the guidelines published by the U.S. Centers for Disease Control and Prevention. A copy of the 2002 guidelines is available from the Department of Public Health and Human Services, Public Health and Safety Division, HIV/STD Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-3565.

(32) "Surveillance" means scrutiny of all aspects of occurrence and spread of a disease that are pertinent to effective control.

(33) "Susceptible" means having insufficient resistance against a disease and likely to contract the disease if exposed. (History: 50-1-202, 50-2-116, 50-17-103, MCA; IMP, 50-1-202, 50-17-103, 50-18-101, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 1998 MAR p. 2493, Eff. 9/11/98; AMD, 2000 MAR p. 2986, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.102	DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES	

37.114.102 LOCAL BOARD RULES (1) A local board of health may adopt rules for the control of communicable diseases, if such rules are as stringent as and do not conflict with the requirements of this chapter. (History: 50-1-202, 50-2-116, MCA; IMP, 50-1-202, 50-2-116, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 913.)

Rules 37.114.103 and 37.114.104 reserved



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		37.114.105

37.114.105 INCORPORATION BY REFERENCE (1) The department adopts and incorporates by reference the following publications:

(a) The "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004), which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001.

(b) The "Guideline for Isolation Precautions in Hospitals" (1996), which specifies precautions that should be taken to prevent transmission of communicable diseases for cases admitted to a hospital or other health care facility. A copy of the guideline may be obtained from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161, phone: (703) 487-4650. Any orders should refer to the publication number PB96138102 for the "Guideline for Isolation Precautions in Hospitals" (1996).

(c) The "Sexually Transmitted Diseases Guidelines for Treatment 2002" published by the U.S. Centers for Disease Control and Prevention in the May 10, 2002, Morbidity and Mortality Weekly Report, volume 51, which specify the most currently accepted effective treatments for sexually transmitted diseases. A copy of the 2002 guidelines is available from the Department of Public Health and Human

Services, Public Health and Safety Division, HIV/STD Section, 1400 Broadway,  
P.O. Box 202951, Helena, MT 59620-2951, phone: (406) 444-3565. (History: 50-1-  
202, MCA; IMP, 50-1-202, MCA; NEW, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.201

## Subchapter 2

### Reporting Requirements

37.114.201 REPORTERS (1) With the exception noted in (3) below, any person, including but not limited to a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility, public or private school administrator, or laboratorian who knows or has reason to believe that a case exists shall immediately report to the local health officer the information specified in ARM 37.114.205(1) through (2).

(2) A local health officer must submit to the department, on the schedule noted in ARM 37.114.204, the information specified in ARM 37.114.205 concerning each confirmed or suspected case of which the officer is informed.

(3) A state funded anonymous testing site for HIV infection is not subject to the reporting requirement in (1) with regard to HIV testing. (History: 50-1-202, 50-17-103, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-17-103, 50-18-102, 50-18-106, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1986 MAR p. 254, Eff.

2/28/86; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.203 REPORTABLE DISEASES AND CONDITIONS (1) The following communicable diseases and conditions are reportable:

- (a) AIDS, as defined by the centers for disease control, or HIV infection, as determined by a positive result from a test approved by the federal food and drug administration for the detection of HIV, including but not limited to antibody, antigen, or HIV nucleic acid tests;
- (b) Amebiasis;
- (c) Anthrax;
- (d) Botulism (including infant botulism);
- (e) Brucellosis;
- (f) Campylobacter enteritis;
- (g) Chancroid;
- (h) Chickenpox;
- (i) Chlamydial genital infection;
- (j) Cholera;

- (k) Colorado tick fever;
- (l) Cryptosporidiosis;
- (m) Cytomegaloviral illness;
- (n) Diarrheal disease outbreak;
- (o) Diphtheria;
- (p) Encephalitis;
- (q) Escherichia coli 0157:H7 enteritis;
- (r) Gastroenteritis outbreak;
- (s) Giardiasis;
- (t) Gonorrhea;
- (u) Gonococcal ophthalmia neonatorum;
- (v) Granuloma inguinale;
- (w) Haemophilus influenzae B invasive disease (meningitis, epiglottitis, pneumonia, and septicemia);
- (x) Hansen's disease (leprosy);
- (y) Hantavirus pulmonary syndrome;
- (z) Hemolytic uremic syndrome;
- (aa) Hepatitis A, B (acute or chronic), or C (acute or chronic);
- (ab) Kawasaki disease;
- (ac) Influenza;
- (ad) Lead poisoning (levels  $\geq 10$  micrograms per deciliter);
- (ae) Legionellosis;
- (af) Listeriosis;
- (ag) Lyme disease;
- (ah) Lymphogranuloma venereum;
- (ai) Malaria;
- (aj) Measles (rubeola);
- (ak) Meningitis, bacterial or viral;

- (al) Mumps;
- (am) Ornithosis (psittacosis);
- (an) Pertussis (whooping cough);
- (ao) Plague;
- (ap) Poliomyelitis, paralytic or non-paralytic;
- (aq) Q-fever;
- (ar) Rabies or rabies exposure (human);
- (as) Reye's syndrome;
- (at) Rocky Mountain spotted fever;
- (au) Rubella (including congenital);
- (av) Salmonellosis;
- (aw) Severe acute respiratory syndrome (SARS);

- (ax) Shigellosis;
- (ay) Smallpox;
- (az) Streptococcus pneumoniae invasive disease, drug resistant;
- (ba) Syphilis;
- (bb) Tetanus;
- (bc) Tickborne relapsing fever;
- (bd) Transmissible spongiform encephalopathies;
- (be) Trichinosis;
- (bf) Tuberculosis;
- (bg) Tularemia;
- (bh) Typhoid fever;
- (bi) Yellow fever;
- (bj) Yersiniosis;
- (bk) Illness occurring in a traveler from a foreign country;
- (bl) An occurrence in a community or region of a case or cases of any communicable disease in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004), 2000, with a frequency in excess of normal expectancy; and
- (bm) Any unusual incident of unexplained illness or death in a human or animal. (History: 50-1-202, 50-17-103, 50-18-105, 50-18-106, MCA; IMP, 50-1-202, 50-2-118, 50-17-103, 50-18-102, 50-18-106, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1980 MAR p. 2870, Eff. 10/31/80; AMD, 1981 MAR p. 1289, Eff. 10/30/81; AMD, 1986 MAR p. 254, Eff. 2/28/86; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2986, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.204

37.114.204 REPORTS AND REPORT DEADLINES (1) A local health officer must immediately report to the department by telephone the information cited in ARM 37.114.205(1) through (2) whenever a case of one of the following diseases is suspected or confirmed:

- (a) Anthrax;
- (b) Botulism (including infant botulism);
- (c) Diphtheria;
- (d) Measles (rubeola);
- (e) Plague;
- (f) Rabies or rabies exposure (human);

- (g) Severe acute respiratory syndrome (SARS);
- (h) Smallpox;
- (i) Tularemia;
- (j) Typhoid fever; or
- (k) Any unusual incident of unexplained illness or death in a human or animal.

(2) A local health officer must mail or transmit by a secure electronic means to the department the information required by ARM 37.114.205(1) through (2) for each suspected or confirmed case of one of the following diseases, within the time limit noted for each:

(a) Information about a case of one of the following diseases should be submitted on the same day it is received by the local health officer:

- (i) Chancroid;
- (ii) Cholera
- (iii) Diarrheal disease outbreak;
- (iv) Escherichia coli 0157:H7 enteritis;
- (v) Gastroenteritis outbreak;
- (vi) Gonorrhea;
- (vii) Gonococcal ophthalmia neonatorum;
- (viii) Granuloma inguinale;
- (ix) Haemophilus influenzae B invasive disease (meningitis, epiglottitis, pneumonia, and septicemia);
- (x) Hantavirus pulmonary syndrome;
- (xi) Hemolytic uremic syndrome;
- (xii) Listeriosis;
- (xiii) Lymphogranuloma venereum;
- (xiv) Meningitis, bacterial or viral;
- (xv) Pertussis (whooping cough);
- (xvi) Poliomyelitis, paralytic or non-paralytic;
- (xvii) Rubella (including congenital);
- (xviii) Syphilis;
- (xix) Tetanus;
- (xx) Yellow fever;

- (xxi) Illness occurring in a traveler from a foreign country; and
- (xxii) An occurrence in a community or region of a case or cases of any communicable disease in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004), with a frequency in excess of normal expectancy.

(b) Information about a case of one of the following diseases should be submitted within seven calendar days after it is received by the local health officer:

- (i) Amebiasis;

- (ii) Brucellosis;
- (iii) Campylobacter enteritis;
- (iv) Chickenpox (varicella);
- (v) Chlamydial genital infection;
- (vi) Cryptosporidiosis;
- (vii) Cytomegaloviral illness;
- (viii) Encephalitis;
- (vix) Giardiasis;
- (x) Hansen's disease (leprosy);
- (xi) Hepatitis, A, B (acute or chronic), or C (acute or chronic) ;
- (xii) Kawasaki disease;
- (xiii) Lead poisoning (levels  $\geq 10$  micrograms per deciliter);
- (xiv) Legionellosis;
- (xv) Lyme disease;
- (xvi) Malaria;
- (xvii) Mumps;
- (xviii) Ornithosis (Psittacosis);
- (xix) Q-fever;
- (xx) Reye's syndrome;
- (xxi) Rocky Mountain spotted fever;
- (xxii) Salmonellosis;
- (xxiii) Shigellosis;
- (xxiv) Streptococcus pneumoniae invasive disease, drug resistant;
- (xxv) Tickborne relapsing fever;
- (xxvi) Transmissible spongiform encephalopathies;
- (xxvii) Trichinosis;
- (xxviii) Tuberculosis; or
- (xxix) Yersiniosis.

(3) Each week during which a suspected or confirmed case of influenza is reported to the local health officer, the officer must mail or transmit to the department on Friday of that week the total number of the cases of influenza reported.

(4) A laboratory that performs a blood lead analysis must submit to the department, by the 15th day following the month in which the test was performed, a copy of all blood lead analyses performed that month, including analyses in which lead was undetectable.

(5) A laboratory that performs tuberculosis, hepatitis B surface antigen, or sexually transmitted disease testing must submit to the department by the 15th day following each month, a report on a form supplied by the department indicating the number of tests with negative or positive results which were done that month for each of those diseases.

(6) In the event of a chickenpox outbreak, the local health officer may elect to report a weekly summary count of suspected and confirmed cases in lieu of individual case reports. Individual case reports will resume when the health officer determines the outbreak has ended. (History: 50-1-202, 50-17-103, 50-18-105, MCA; IMP, 50-1-202, 50-17-103, 50-18-102, 50-18-106, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2986, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.205

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DEPARTMENT OF PUBLIC HEALTH  
AND HUMAN SERVICES

37.114.205 REPORT CONTENTS (1) A report of a case of reportable disease or a condition which is required by ARM 37.114.204(1) or (2) must include, if available:

(a) name and age of the case;



(b) dates of onset of the disease or condition and the date the disease or condition was reported to the health officer;  
(c) whether or not the case is suspected or confirmed;  
(d) name and address of the case's physician; and  
(e) name of the reporter or other person the department can contact for further information regarding the case.

(2) The information required by (1) must be supplemented by any other information in the possession of the reporter which the department requests and which is related to case management and/or investigation of the case.

(3) The laboratory reports required by ARM 37.114.204(5) and the numerical report required by ARM 37.114.204(3) need contain only the information specified in those sections.

(4) The name of any case with a reportable disease or condition and the name and address of the reporter of any such case are confidential and not open to public inspection. (History: 50-1-202, 50-17-103, 50-18-105, MCA; IMP, 50-1-202, 50-17-103, 50-18-102, 50-18-106, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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ADMINISTRATIVE RULES OF MONTANA  
COMMUNICABLE DISEASE CONTROL

37.114.301

Subchapter 3

General Control Measures

37.114.301 SENSITIVE OCCUPATIONS (1) A local health officer or the department may restrict a person employed in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease from practicing an occupation while infected by a reportable disease if, given the means of transmission of the disease in question, the nature of the person's work would tend to spread the disease.

(2) No infectious person may engage in any occupation involving the preparation, serving, or handling of food, including milk, to be consumed by others than his/her immediate family, until a local health officer determines him/her to be free of the infectious agent or unlikely to transmit the infectious agent due to the nature of his/her particular work. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 37.114.302 reserved

37.114.303 FUNERALS (1) A funeral service for a person who died of a reportable disease must be conducted in accordance with instructions of a local health officer.

(2) If a person dies from a disease requiring quarantine of contacts, a funeral service for that person may be open to the public only if the casket remains closed and those contacts subject to the quarantine who attend the funeral are segregated from the rest of those attending, unless the contacts have been determined by a local health officer to be incapable of transmitting the infection or disease which caused the death.

(3) Transportation of dead human bodies must be in accord with ARM 37.116.103. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 37.114.304 and 37.114.305 reserved

37.114.306 TRANSPORTATION OF COMMUNICABLE DISEASE CASES

(1) Neither an infected person with a communicable disease for which subchapter 5 of this chapter prescribes isolation nor a contact made subject to quarantine by that subchapter may travel or be transported from one location to another without the permission of the local health officers with jurisdiction over the places of departure and arrival, except if, in the case of an infected person:

(a) the infected person is to be admitted directly to a hospital for the treatment of the communicable disease; and

(b) both local health officers are satisfied that adequate precautions are taken to prevent dissemination of the disease by the infected person en route to the hospital. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

37.114.307 QUARANTINE OF CONTACTS: NOTICE AND OBSERVATION

(1) If a communicable disease requires quarantine of contacts, a local health officer or the department shall institute whatever quarantine measures are necessary to prevent transmission, specifying in writing the person or animal to be quarantined, the place of quarantine, the frequency with which possible or known contacts must be medically observed to determine if physiological signs of the disease are occurring, and the duration of the quarantine.

(2) A local health officer or the department must ensure such contacts are medically observed as frequently as necessary during the quarantine period.

(History: 50-1-202, 50-2-118, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

37.114.308 ISOLATION OF PATIENT: NOTICE (1) When isolation of a patient is declared, the agency declaring the isolation must supply to the infected person in writing a description of the place of isolation, the length of the isolation period, and the name and title of the person declaring the isolation.

(2) A local health officer or the department may inspect the place of isolation during the period of isolation to determine compliance with the isolation. (History: 50-1-202, 50-2-118, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 37.114.309 through 37.114.311 reserved

37.114.312 IMPORTATION OF DISEASE (1) No person who has a reportable disease for which subchapter 5 of this chapter prescribes isolation may be brought within the boundaries of the state without prior notice to the department and approval of measures to be taken within Montana to prevent disease transmission.

(2) Whenever a person knows or has reason to believe that an infected person, whether or not infectious, has been brought within the boundaries of the state, s/he shall report the name and location of the infected person to the department, with the exception of those individuals who are HIV-positive; in the latter case, only the information described in ARM 37.114.205 must be provided to the department. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.313 CONFIRMATION OF DISEASE (1) Subject to the limitation in (2), if a local health officer receives information about a case of any of the following diseases, the officer must ensure that a specimen from the case is submitted to the department, which will be analyzed to confirm the existence or absence of the disease in question:

- (a) Anthrax;
- (b) Botulism (foodborne);
- (c) Brucellosis;
- (d) Cholera;
- (e) Diarrheal disease outbreak;
- (f) Diphtheria;
- (g) Hantavirus pulmonary syndrome;
- (h) Human immunodeficiency virus (HIV);
- (i) Influenza;
- (j) Measles (rubeola);
- (k) Pertussis (whooping cough);
- (l) Plague;
- (m) Polio, paralytic or non-paralytic;
- (n) Rabies (human);
- (o) Rubella (including congenital);
- (p) Severe acute respiratory syndrome (SARS);
- (q) Smallpox;
- (r) Syphilis;
- (s) Trichinosis;
- (t) Tuberculosis; and
- (u) Typhoid fever.

(2) In the event of an outbreak of diarrheal disease, influenza, or measles, analysis of specimens from each case is unnecessary after the disease organism is determined by the department.

(3) A laboratorian or any other person in possession of a specimen from a case of a disease listed in (1)(a) through (u) must submit the specimen to the local health officer upon request.

(4) If no specimen from the case is otherwise available and the case refuses to allow a specimen to be taken for purposes of (1), the case will be assumed to be infected and must comply with whatever control measures are imposed by the department, or the local health officer. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)



37.114.314 INVESTIGATION OF A CASE (1) Immediately after being notified of a case or an outbreak of a reportable disease, a local health officer must investigate and take whatever steps are necessary to prevent spread of the disease.

(2) If the local health officer finds that the nature of the disease and the circumstances of the case or outbreak warrant such action, the local health officer must:

(a) examine or ensure that a health care provider examines any infected person in order to verify the diagnosis;

(b) make an epidemiologic investigation to determine the source and possible spread of infection;

(c) take appropriate steps, as outlined in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004), to prevent or control the spread of disease; and

(d) notify contacts as defined in ARM 37.114.101 of the case and give them the information needed to prevent contracting the disease.

(3) Whenever the identified source of a reportable disease or a person infected or exposed to a reportable disease who should be quarantined or placed under surveillance is located outside of the jurisdiction of the local health officer, the local health officer must:

(a) notify the department or the local health officer of the jurisdiction in which the source or person is located if within Montana; or

(b) notify the department if the source or person is located outside of Montana. (History: 50-1-202, 50-2-118, 50-17-103, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-17-103, 50-17-105, 50-18-102, 50-18-107, 50-18-108, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.315 POTENTIAL OUTBREAKS (1) Whenever a disease listed in ARM 37.114.204(1) is confirmed or whenever any other communicable disease listed in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004) , or other communicable disease which constitutes a threat to the health of the public becomes so prevalent as to endanger an area outside of the jurisdiction where it first occurred, the local health officer of the jurisdictional area in which the disease occurs must notify the department and cooperate with the department's epidemiologist or the epidemiologist's representative to control the spread of the disease in question. (History: 50-1-202, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Subchapter 4 reserved

Subchapter 5

Specific Control Measures

37.114.501 MINIMAL CONTROL MEASURES (1) This subchapter contains minimal control measures to prevent the spread of disease. The local health officer or the officer's designee must either employ the minimal control measures or ensure that a representative of the department when assisting a local health officer with a case, a health care provider treating a person with a reportable disease, or any other person caring for a person with a reportable disease does so, with the exception that if a particular control measure specifies who is responsible for carrying it out, only that person is responsible.

(2) If a reportable disease is not listed in this subchapter, no minimum control measures for the disease are required. (History: 50-1-202, 50-2-116, 50-2-118, MCA; IMP, 50-1-202, 50-2-116, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1998 MAR p. 2493, Eff. 9/11/98; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 37.114.502 reserved

37.114.503 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) AND HIV INFECTION (1) Whenever human immunodeficiency virus (HIV) infection

occurs, infection control fluid precautions must be used for the duration of the infection.

(2) If a test confirms HIV infection, the department will contact the health care provider submitting the test or another health care provider designated by the subject of the test in order to determine whether acquired immune deficiency syndrome is present. If AIDS exists, the provider must submit a report pursuant to ARM 37.114.205.

(3) Either a health care provider treating an individual with HIV infection for that infection or a representative of the department or local health department must:

- (a) instruct the case how to prevent spreading the HIV infection to others;
- (b) provide the case with information about any available services relevant to the case's health status and refer the case to appropriate services;
- (c) interview the infected person to determine the person's contacts; and
- (d) locate each contact, counsel each contact, advise the contact to receive testing to determine the contact's HIV status, and refer the contact for appropriate services.

(4) The health care provider must either conduct the interview with the case and assist the case with contact notification or request the department to assist in conducting the interview and/or notifying contacts. (History: 50-1-202, 50-2-118, 50-16-1004, MCA; IMP, 50-1-202, 50-2-118, 50-16-1004, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1998 MAR p. 2493, Eff. 9/11/98; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.504

DEPARTMENT OF PUBLIC HEALTH  
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37.114.504 AMEBIASIS (1) Whenever a case of amebiasis occurs:

(a) Infection control precautions are required.

(b) Feces must be disposed of by flushing down a toilet attached to a municipal or other sewage system approved by the department. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.505 reserved

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37.114.506

37.114.506 ANTHRAX (1) Whenever a case of anthrax occurs:

(a) if skin lesions exist, infection control precautions must be used until lesions are bacteriologically free of anthrax bacilli; and

(b) all bodily discharges must be concurrently disinfected.

(2) The local health officer, in collaboration with state authorities, must immediately investigate every case or suspected case in an effort to establish the diagnosis and determine the source of the infection. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.507 BOTULISM: INFANT BOTULISM (1) Feces must be concurrently disinfected or flushed down a toilet attached to a municipal or other sewage system approved by the department.

(2) The local health officer shall make an immediate investigation of every case or suspected case of botulism in an effort to establish the diagnosis and determine the source.

(3) In the event that a commercial food product is suspected as the source, special instructions will be given by the department. The local health officer shall prevent distribution and consumption of the suspected food. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rule 37.114.508 reserved

37.114.509 BRUCELLOSIS (1) Whenever a case of brucellosis occurs:  
(a) Infection control precautions must be used.  
(b) Concurrent disinfection of purulent discharges is necessary.  
(c) The local health officer, in collaboration with state authorities, must immediately investigate every case or suspected case in an effort to establish the diagnosis and determine the source of the infection. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.510 CAMPYLOBACTER ENTERITIS (1) Whenever a case of campylobacter enteritis occurs:  
(a) Infection control precautions must be observed.  
(c) The local health officer may not allow an infected person to engage in a sensitive occupation until symptoms of illness resolve and, if determined necessary by the local health officer, evidence is provided that a stool specimen is clear of the organisms causing campylobacter diarrhea. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.511 reserved



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37.114.512

37.114.512 CHANCROID (1) A person infected with chancroid must be directed not to engage in sexual contact until all chancroid lesions are healed. (History: 50-1-202, 50-2-118, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-18-102, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

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37.114.514 CHICKENPOX (VARICELLA) (1) A confirmed or probable case must be excluded from school, medical offices, and other public places and instructed to avoid contact with individuals who are susceptible until vesicles become dry.

(2) Susceptible contacts should be evaluated and counseled regarding the advisability of and recommendations for post-exposure vaccination.

(3) Susceptible contacts ineligible for immunization and determined to be at high-risk for complications should be promptly evaluated for consideration whether varicella-zoster immune globulin (VZIG) administration should occur. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 2006 MAR p. 2112, Eff. 9/8/06.)

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COMMUNICABLE DISEASE CONTROL

37-28875  
37.114.515

37.114.515 CHLAMYDIAL GENITAL INFECTION (1) An individual with a chlamydial genital infection must be directed to undergo appropriate antibiotic therapy and to avoid sexual contact until seven days have elapsed since the commencement of effective treatment prescribed by the Centers for Disease Control and Prevention in the "Sexually Transmitted Diseases Treatment Guidelines 2002".

(2) An individual who contracts the infection must be interviewed by the local health officer to determine the person's sexual contacts, and those contacts must be provided with appropriate medical treatment. (History: 50-1-202, 50-2-118, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 1998 MAR p. 2493, Eff. 9/11/98; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.516 DEPARTMENT OF PUBLIC HEALTH  
AND HUMAN SERVICES

37.114.516 CHOLERA (1) Infection control precautions must be employed.  
(History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980  
MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from  
DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.517 reserved

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ADMINISTRATIVE RULES OF MONTANA  
COMMUNICABLE DISEASE CONTROL

37.114.518

37.114.518 COLORADO TICK FEVER (1) Whenever a case of Colorado tick fever occurs:

- (a) infection control precautions must be employed; and
- (b) the infected person must be directed not to donate blood for four months after the date of diagnosis. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

ADMINISTRATIVE RULES OF MONTANA 9/30/06  
37.114.519 DEPARTMENT OF PUBLIC HEALTH  
AND HUMAN SERVICES

37-28881

37.114.519 CRYPTOSPORIDIOSIS (1) The local health officer must prohibit an infected person from engaging in a sensitive occupation until symptoms of illness resolve and, if determined necessary by the local health officer, evidence that a stool specimen is clear of the organisms causing cryptosporidiosis is provided.

(2) Sources of infection must be sought, especially in the home, within the family, in food, and in water. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 1995 MAR p. 1127, Eff. 6/30/95; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.520 reserved

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ADMINISTRATIVE RULES OF MONTANA  
COMMUNICABLE DISEASE CONTROL

37.114.521

37.114.521 DIARRHEAL DISEASE OUTBREAK (1) Infection control precautions must be imposed on persons employed in sensitive occupations.

(2) Infection control precautions must be imposed until laboratory tests determine the etiologic agent involved, after which control measures must be imposed which are appropriate for that agent and set out in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004). (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.522

DEPARTMENT OF PUBLIC HEALTH  
AND HUMAN SERVICES

37.114.522 DIPHTHERIA

(2) All household contacts must be placed under quarantine by the local

(3) All infectious persons must be treated unless medically contraindicated.



(4) A contact in a sensitive occupation must be excluded by the local health officer from work until the contact is determined not to be an infectious person.

(5) The local health officer must initiate surveillance for susceptible contacts and must recommend immediate immunization to any such contact found. (History: 50-1-202, 50-1-204, 50-2-118, MCA; IMP, 50-1-202, 50-1-204, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p.2112, Eff. 9/8/06.)

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ADMINISTRATIVE RULES OF MONTANA  
COMMUNICABLE DISEASE CONTROL

37.114.525

37.114.524 ENCEPHALITIS (1) The local health officer must search for undetected cases of encephalitis and, in the cases where the encephalitis is mosquito-borne, for vector mosquitoes, as well. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

37.114.525 ESCHERICHIA COLI 0157:H7 ENTERITIS (1) Infection control precautions must be observed.

(2) The local health officer must prohibit an infected person from engaging in a sensitive occupation until two successive stool specimens collected at least 24 hours apart and not less than 48 hours after cessation of any administration of antimicrobials are culture-negative for escherichia coli 0157:H7 enteritis. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1994 MAR p. 1295, Eff. 5/13/94; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.526 reserved

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COMMUNICABLE DISEASE CONTROL

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37.114.528

37.114.527 GASTROENTERITIS OUTBREAK (1) Infection control precautions must be employed until laboratory tests indicate what organism is responsible for the infection, after which control measures must be taken which are specific for the organism in question. (History: 50-1-202, 50-2-118, MCA; IMP, 50-

1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2986, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.528 GIARDIASIS (1) Infection control precautions must be observed.

(2) An individual employed in a sensitive occupation must be assessed for transmission risk. At the discretion of the local health officer, if the circumstances of the case warrant it (e.g., hygiene factors, food type, population served, etc.), the case may be restricted from employment until stool specimens obtained on three successive days are negative.

(3) Sources of infection must be sought, especially in the home, within the family, in food, and in water. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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COMMUNICABLE DISEASE CONTROL

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37.114.530

37.114.530 GONORRHEA (1) A person who contracts genital gonorrhea must be directed to undergo appropriate antibiotic therapy and to avoid sexual

contact until seven days have elapsed since the commencement of effective treatment prescribed by the Centers for Disease Control and Prevention in the "Sexually Transmitted Diseases Treatment Guidelines 2002". Individuals who have contracted genital gonorrhea must also be treated for Chlamydia.

(2) The local health officer must interview an individual who contracts the infection in order to determine the person's sexual contacts, and must ensure that those contacts are examined and receive the medical treatment indicated by clinical or laboratory findings. (History: 50-1-202, 50-2-118, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 1998 MAR p. 2493, Eff. 9/11/98; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.531 GRANULOMA INGUINALE (1) Contact with lesions must be avoided until after the lesions are healed.

(2) The local health officer or the officer's designee must identify and treat sexual contacts. (History: 50-1-202, 50-2-118, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-18-102, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 37.114.532 reserved

37.114.533 HAEMOPHILUS INFLUENZA B INVASIVE DISEASE

(1) Contacts must be identified by the local health officer or the officer's designee in order to determine if chemoprophylaxis is advisable. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

37.114.534 HANSEN'S DISEASE (LEPROSY) (1)

For a case of Hansen's disease, infection control precautions must be imposed if the infected person is infectious. The degree of isolation must be determined by the local health officer, who must be advised by a physician specially qualified to manage this disease. (History: 50-1-202, 50-1-204, 50-2-118, MCA; IMP, 50-1-202, 50-1-204, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.535 reserved

37.114.536 HANTAVIRUS PULMONARY SYNDROME (1) The local health officer must conduct studies to determine the source of the infection. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1994 MAR p. 1295, Eff. 5/13/94; TRANS, from DHES, 2002 MAR p. 913.)

37.114.537 HEMOLYTIC UREMIC SYNDROME (1) Whenever a case of hemolytic uremic syndrome occurs:

- (a) Infection control precautions must be observed.
- (b) The local health officer may not allow an infected person to engage in a sensitive occupation, as described in ARM 37.114.301, until stool specimens are culture-negative for escherichia coli 0157:H7 enteritis. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 1995 MAR p. 1127, Eff. 6/30/95; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.538 reserved

37.114.539 HEPATITIS TYPE A (1) For a case of type A hepatitis, infection control precautions must be imposed until five days after the onset of jaundice.

(2) An infected person may not engage in a sensitive occupation during the infectious period. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.540 HEPATITIS TYPE B (ACUTE OR CHRONIC) (1) For a case of type B hepatitis:

(a) Infection control precautions must be imposed until it is determined that viremia no longer exists.

(b) The local health officer designee must identify contacts and advise them how to prevent acquisition of the disease, given the nature of their relationship to the case.

(2) In the event a hepatitis B surface antigen (HbsAg) is positive in a pregnant woman, the local health officer must:

(a) ensure appropriate health care providers and the birthing facility are aware of the mother's status and the infant's need for prophylaxis;

(b) ensure that hepatitis B immunoglobulin (HBIG) and vaccine are readily available at the birthing facility at the expected time of delivery;

(c) confirm the administration of HBIG and vaccine after delivery and submit the report form provided by the department within seven days after delivery and counsel the mother and provider regarding the need for further vaccination and testing;

(d) at one to two months and again at six to seven months after delivery contact the health care provider or guardian of the infant to confirm the vaccine was given and provide an update to the department using a form provided by the department; and

(e) at nine to 15 months after delivery, confirm testing of the infant for the surface antigen and antibody to the hepatitis B virus (HBV), counsel as appropriate, and provide an update to the department using a form provided by the department. (History: 50-1-202, 50-2-118, 50-19-101, MCA; IMP, 50-1-202, 50-2-118, 50-19-101, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.541 reserved



37.114.542 HEPATITIS C (ACUTE OR CHRONIC) (1) The local health officer must ensure that each case:

(a) is counseled regarding prevention of transmission to others and provided with referrals to counseling and medical care as appropriate; and

(b) is encouraged to notify and refer at-risk contacts for testing, or to request assistance of the local public health officer with contact notification. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.544 INFLUENZA (1) Individuals who are at high risk for disease must be isolated, to the extent possible, from acutely ill or incubatory influenza cases. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

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COMMUNICABLE DISEASE CONTROL

37-28905  
37.114.546

37.114.546 LEAD POISONING: ELEVATED BLOOD LEAD LEVELS IN CHILDREN (1) When an elevated capillary test of a child aged 13 or under shows an elevated blood lead level (EBL) greater than or equal to 10 micrograms per deciliter (ug/dl), the health care provider who ordered the capillary test must confirm the results as soon as possible by a venous draw.

(2) In the case of an elevated venous level, the health care provider must retest the blood lead level at intervals recommended by the federal centers for disease control and prevention, until two consecutive tests taken at least two months apart show a level of less than 10 ug/dl.

(3) The department hereby adopts and incorporates by reference the recommendations for blood lead testing intervals for children with elevated venous levels published in November 1997 by the federal centers for disease control and prevention (CDC) and contained in CDC's manual "Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials", which contains guidance for identifying children with dangerous blood lead levels and intervening to protect them. A copy of the manual is available from the Centers for Disease Control, MASO Publications Distribution Facility, 5665 New Peachtree Road (PO7), Atlanta, GA 30341. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 37.114.547 reserved

37.114.548 LEGIONELLOSIS (1) Infection control precautions must be observed for each case of legionellosis until that person is treated and his discharges are found to be no longer infectious. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.549 LISTERIOSIS OUTBREAK (1) The local health officer or the officer's designee must conduct surveillance of contacts and attempt to identify the disease source. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 37.114.550 reserved

37.114.551 LYME DISEASE (1) The local health officer must conduct studies to determine the source of the infection. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

37.114.552 LYMPHOGRANULOMA VENEREUM (1) A person who contracts lymphogranuloma venereum must be instructed to avoid sexual contact until after the lesions heal.

(2) An individual who contracts the disease must be interviewed by the local health officer or the officer's designee to determine who that individual's contacts are, and the local health officer must ensure that those contacts are examined and receive the medical treatment indicated by clinical and laboratory findings. (History: 50-1-202, 50-2-118, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-18-102, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 37.114.553 reserved

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37-28911  
37.114.555

37.114.554 MALARIA (1) A case of malaria should, to the extent possible, stay within a mosquito-proof area. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

37.114.555 MEASLES: RUBEOLA (1) A local health officer or the department shall impose infection control precautions on measles case and quarantine of susceptible contacts whenever a suspected or confirmed case of measles occurs. If isolation and quarantine are imposed, the local health officer shall provide the notice required by ARM 37.114.307 and 37.114.308 and make immunizations available. (History: 50-1-202, 50-1-204, 50-2-118, MCA; IMP, 50-1-202, 50-1-204, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.556 reserved

37.114.557 MENINGITIS: BACTERIAL OR VIRAL (1) A case of aseptic or viral meningitis must be kept in isolation during febrile illness or until the existence of bacterial meningitis is ruled out.

(2) Whenever a case of meningococcal meningitis, meningococcemia, or meningitis resulting from infection with haemophilus influenzae sero-type b occurs:

(a) infection control precautions must be imposed upon the case until 24 hours have passed since the initiation of antibiotic chemotherapy; and

(b) the local health officer must impose surveillance upon the case's household and other intimate contacts for a minimum of 10 days after the diagnosis of the case. (History: 50-1-202, 50-1-204, 50-2-118, MCA; IMP, 50-1-202, 50-1-204, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.558 MUMPS (1) For a case of mumps, infection control precautions must be imposed for nine days after the onset of parotitis. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.559 reserved

37.114.560 OPTHALMIA NEONATORUM (1) Whenever a case of ophthalmia neonatorum is confirmed:

(a) infection control precautions must be imposed until 24 hours after administration of an antibiotic; and

(b) concurrent disinfection of discharges is necessary.

(2) Precautions which must be followed by any birth attendant to prevent ophthalmia neonatorum are contained in ARM 37.57.308. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/6/08.)

37.114.561 ORNITHOSIS (PSITTACOSIS) (1) Infection control precautions must be imposed upon a case of ornithosis as long as the fever lasts.

(2) The local health officer must inquire whether a bird epidemiologically linked to a case of ornithosis was obtained from an aviary, and, if so, determine the location of the aviary and report it to the Montana State Veterinarian, Department of Livestock. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.562 reserved



37.114.563 PERTUSSIS (WHOOPIING COUGH) (1) Infection control precautions must be imposed upon a case of pertussis for five days after the start of antibiotic therapy, or 21 days after the date of onset of symptoms if no antibiotic therapy is given.

(2) An individual identified by the local health officer as a close contact must be referred by the officer to a physician for chemoprophylaxis.

(3) A person identified by the local health officer as a close contact must be monitored by the local health officer for respiratory symptoms for 20 days after the person's last contact with the case.

(4) If a close contact shows respiratory symptoms consistent with pertussis, the health officer must order the contact to avoid contact with anyone outside of the contact's immediate family until a medical evaluation indicates that the contact is not developing pertussis.

(5) Surveillance for susceptible contacts must be initiated immediately by the local health officer and immediate immunizations recommended by the officer must be administered to identified susceptible contacts. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.564 reserved

- 37.114.565 PLAGUE (1) Whenever a case of pneumonic plague exists:
- (a) isolation must be imposed for no less than three days following commencement of antibiotic therapy to which the infected person responds; and
  - (b) those who are identified by the local health officer as having been in household or face-to-face contact with the case must be placed on chemoprophylaxis and kept under surveillance by the local health officer for seven days, or, if they refuse chemoprophylaxis, be kept in strict isolation with careful surveillance for seven days.
- (2) Whenever a case of bubonic plague exists, infection control precautions must be imposed until antibiotic therapy has been terminated and the lesions are bacteriologically negative for plague bacilli.
- (3) Concurrent disinfection of discharges and bodily fluids must be done in all plague cases.
- (4) An investigation must be conducted by the local health officer to identify vectors and reservoirs whenever a case of bubonic plague exists. (History: 50-1-202, 50-1-204, 50-2-118, MCA; IMP, 50-1-202, 50-1-204, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.566 DEPARTMENT OF PUBLIC HEALTH  
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37.114.566 POLIOMYELITIS (1) For a case of poliomyelitis, infection control precautions must be imposed for seven days from the onset of illness, or for the duration of fever, if longer.

(2) The local health officer must initiate surveillance for susceptible contacts and recommend immunization to them immediately. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.567 reserved

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COMMUNICABLE DISEASE CONTROL

37.114.570

37.114.568 Q-FEVER (QUERY FEVER) (1) Whenever a case of Q-fever occurs:

- (a) infection control precautions must be used; and
- (b) bodily fluid discharges must be concurrently disinfected. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.569 reserved

37.114.570 RABIES: HUMAN (1) For a case of human rabies, isolation must be imposed for the duration of the illness. (History: 50-1-202, 50-1-204, 50-2-118, MCA; IMP, 50-1-202, 50-1-204, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.571 RABIES EXPOSURE (1) The following actions must be reported to the local health officer if they are committed by an animal other than a rabbit, hare, or rodent whose species can be infected with rabies:

- (a) biting of a human being;
- (b) contamination of a mucous membrane, scratch, abrasion, or open wound of a human by the saliva or other potentially infectious material from an animal that exhibits:
  - (i) paralysis or partial paralysis of the limbs;
  - (ii) marked excitation, muscle spasms, difficulty swallowing, apprehensiveness, delirium, or convulsions; or
  - (iii) unusual aggressive or unnatural behavior toward a person, animal, or inanimate object.

(2) The local health officer shall investigate each report of possible rabies exposure and gather, at a minimum, information about the circumstances of the possible rabies exposure; nature of the exposure; name, age, and address of the exposed individual; vaccination status of the animal in question; treatment of the exposed person; and eventual outcome for both animal and person involved.

(3) As soon as possible after investigating a report of possible rabies exposure, the local health officer must inform the exposed person or the individual

responsible for the exposed person if that person is a minor whether or not treatment is recommended to prevent rabies and provide a referral to a health care provider.

(4) Whenever the circumstances described in (1) involve a dog, cat, or ferret, the local health officer must either:

(a) arrange for the animal to be observed for signs of illness during a ten day quarantine period at an animal shelter, veterinary facility, or other adequate facility, and ensure that any illness in the animal during the confinement or before release is evaluated by a veterinarian for signs suggestive of rabies; or

(b) if the symptoms described in (1)(b) above exist, order the animal killed and the head sent to the department of livestock's diagnostic laboratory at Bozeman for rabies analysis. The local health officer may also order an animal killed subsequent to isolation, and the brain analyzed.

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(5) Additional rabies reporting and control requirements are contained in ARM 32.3.1201 through 32.3.1207, rules of the department of livestock.

(6) The department hereby adopts and incorporates by reference ARM 32.3.1205, which contains the standards for proper vaccination against rabies. A copy of ARM 32.3.1205 may be obtained from the Department of Livestock, Animal Health Division, Scott Hart Building, Capitol Station, Helena, MT 59620 phone: (406)444-2043. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

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37.114.574

37.114.573 ROCKY MOUNTAIN SPOTTED FEVER (1) The local health officer must conduct an investigation to determine the specific geographic areas of potential exposure and report the results to the department. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.574 RUBELLA (1) Whenever necessary to protect a susceptible pregnant woman or to control an outbreak, isolation must be imposed on a case of rubella for four days after the onset of rash. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

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37.114.575 DEPARTMENT OF PUBLIC HEALTH  
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37.114.575 RUBELLA: CONGENITAL (1) Infection control precautions must be imposed on any person with congenital rubella during the time they are hospitalized.

(2) The local health officer must identify any susceptible contact of the person with congenital rubella, to the extent possible, and encourage them to undergo rubella immunization if not already immune. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/07.)

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37.114.577

37.114.577 SALMONELLOSIS (OTHER THAN TYPHOID FEVER)

(1) For purposes of this rule, "salmonellosis" is any illness in which organisms of the genus salmonella, with the exception of the typhoid bacillus, have been isolated from feces, blood, urine, or pathological material from a person.

(2) Whenever a case of salmonellosis exists:

(a) infection control precautions must be imposed upon the case for the duration of the illness;

(b) the local health officer must prohibit the case from engaging in a sensitive occupation until two successive specimens of the case's feces have been determined by a laboratory to be negative for salmonella organisms, the first

specimen of which is collected at least 48 hours after cessation of the therapy and the second not less than 24 hours thereafter; and

(c) stool cultures must be made for any family contacts of a case who are identified by the local health officer and who are themselves involved in a sensitive occupation. If the culture is positive for salmonella, the contact is subject to the requirements of (2)(a) and (b). (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.578

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37.114.578 SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

(1) Whenever a probable or confirmed case exists:

(a) the case must be isolated in a manner approved by both the department and the local health officer, and isolation must be imposed until the case is no longer considered infectious; and

(b) those who are identified as having been contacts with the case must be monitored for fever by the local health officer for ten days following their last contact with the case.

(2) A compliance order must be issued by the local health officer to each contact under surveillance that requires the contact to:

(a) monitor and record the contact's temperature twice daily;

(b) remain in the contact's local community; and

(c) daily report the contact's health status to the person designated in the order.

(3) Contacts reporting or identified with two successive temperature readings equal to or greater than 101°F must be instructed to remain home until the local health officer arranges immediate transportation to a facility approved by both the department and the local health officer for evaluation of the contact's condition.

(4) If symptoms consistent with SARS are identified by a health care provider, the patient will be subject to (1)(a).

(5) If no symptoms develop, or symptoms consistent with the development of SARS are attributed to a non-SARS etiology, the contact may be released from monitoring requirements with the approval of the local health officer. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.579 SHIGELLOSIS (1) For a case of shigellosis infection control precautions must be imposed for the duration of the illness.

(2) A local health officer must not allow an infected person to engage in a sensitive occupation until two successive specimens of feces taken at an interval of

not less than 24 hours apart, beginning no earlier than 48 hours after cessation of specific therapy, have been determined to be free of shigella organisms. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

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37.114.581

37.114.581 SMALLPOX (1) Whenever a probable or confirmed case exists:

(a) the case must be isolated in a facility approved by both the department and the local health officer and isolation must be imposed until all scabs are separated and the case is no longer considered infectious; and

(b) those who are identified as contacts of the case or contacts of another contact of the case must be offered vaccination, and:

(i) if not vaccinated, must be quarantined and monitored for fever by the local health officer for 18 days following their last contact with the case or contact; or

(ii) if vaccinated, must be monitored for fever for 14 days following physical evidence of successful vaccination.

(2) A compliance order must be issued by the local health officer to each individual described in (1)(b) who is under surveillance that requires that individual to:

(a) monitor and record the individual's temperature twice daily;

(b) remain in the individual's local community; and

(c) daily report the individual's health status to the person designated in the order.

(3) An individual described in (1)(b) who reports or is identified with two successive temperature readings equal to or exceeding 101°F must be instructed to remain home until the local health officer arranges immediate transportation to a facility designated by the local health officer for evaluation of the individual's condition.

(4) If an individual with a fever as described in (3) develops a rash, the individual will be subject to (1)(a).

(5) If no rash develops within five days after the onset of fever and the fever is diagnosed as being caused by recent vaccination or some other nonsmallpox etiology, the individual may be released to their home, where compliance with the terms of the compliance order required by (2) must be continued.

(6) An investigation must be conducted by the department and the local health officer to identify the source of exposure, and surveillance for additional cases must be initiated. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.582 STREPTOCOCCUS PNEUMONIAE INVASIVE DISEASE,  
DRUG RESISTANT

(1) Whenever a case of drug resistant streptococcus pneumonia invasive disease is identified, the following measures must be imposed:

- (a) contact isolation for the duration of acute illness; and
- (b) concurrent disinfection of discharges from nose and throat.

(2) The local health officer or the officer's designee must initiate surveillance for susceptible contacts and recommend immediate immunizations to those identified as high risk for pneumococcal disease, including persons aged two years or older with sickle cell disease; functional or anatomic asplenia; nephrotic syndrome or chronic renal failure; immunosuppression, including HIV infection; organ transplantation or cytoreduction therapy; other chronic illnesses; and all persons aged 65 years or older.

(3) Contacts at high risk for whom immunization is not advised or not deemed effective must be evaluated for chemoprophylaxis.

(4) Outbreaks or clusters of cases may warrant more liberal use of the pneumococcal vaccine or chemoprophylaxis after consultation with the department.

(5) In the case of meningitis, compliance with ARM 37.114.557 is also required. (History: 50-1-202, MCA; IMP, 50-1-202, MCA; NEW, 1995 MAR p. 1127, Eff. 6/30/95; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

37.114.583 SYPHILIS (1) A person with a case of infectious syphilis must be instructed to refrain from activities in which body fluids are shared (such as sexual intercourse) until 48 hours after effective treatment has been commenced and must either receive treatment or be isolated until treatment is received.

(2) A person with syphilis must be interviewed by the local health officer or the officer's designee to identify the following types of contacts, depending upon the disease stage in question:

(a) for primary syphilis, all sexual contacts during the three months prior to the onset of symptoms;

(b) for secondary syphilis, all sexual contacts during the six months preceding diagnosis;

(c) for early latent syphilis, those sexual contacts during the year preceding diagnosis, if the time that primary and secondary lesions appeared cannot be established;

(d) for late latent syphilis, marital partners and children of infected mothers;

(e) for congenital syphilis, all members of the immediate family of the case.

(3) All identified contacts of confirmed cases of early syphilis must be examined to determine if they have syphilis, directed to refrain from activities in which body fluids are shared, and, if they consent, immediately be given appropriate treatment. Laboratory specimens must be taken during the examination. (History: 50-1-202, 50-2-118, 50-18-105, MCA; IMP, 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913.)

Rule 37.114.584 reserved

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37.114.586

37.114.585 TRICHINOSIS (1) Any person, other than the case, who may have eaten the infected food must be identified and put under surveillance by the local health officer. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

37.114.586 TUBERCULOSIS (1) Tuberculosis control measures are contained in subchapter 10 of this chapter. (History: 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202 and 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS from DHES, 2002 MAR p. 913.)

Rule 37.114.587 reserved



37.114.588 TULAREMIA (1) Infection control precautions must be followed whenever open lesions exist or lacrimal sacs are draining (i.e., tears are produced).  
(History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.589 TYPHOID FEVER (1) The provisions of this rule apply to all forms of typhoid fever.

(a) Infection control precautions must be imposed until specific therapy for the fever has been completed and no fewer than three successive specimens of feces have been found negative for typhoid organisms, the first of which is taken one month after therapy is discontinued and followed by the other two at no less than one-week intervals.

(b) The local health officer may not allow an infected person to engage in a sensitive occupation until infection control precautions have been terminated in accordance with (1)(a). (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rule 37.114.590 reserved

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37.114.592

37.114.591 YELLOW FEVER (1) Whenever a case of yellow fever occurs, infection control precautions must be followed. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.592 YERSINIOSIS (1) Whenever a case of yersiniosis occurs, infection control precautions must be imposed. (History: 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rules 37.114.593 and 37.114.594 reserved

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37.114.595 ILLNESS IN TRAVELER FROM FOREIGN COUNTRY

(1) Isolation and quarantine must be imposed until the etiologic agent of the disease is determined, at which point control measures must be imposed which are prescribed for that etiologic agent in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 18th edition, 2004. (History: 50-1-202, 50-1-204, 50-2-118, MCA; IMP, 50-1-202, 50-1-204, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; ADM, 2006 MAR p. 2112, Eff. 9/8/06.)

Subchapter 6 reserved

Subchapter 7

Immunization of School Children

37.114.701 DEFINITIONS The following definitions, together with the definitions contained in 20-5-402, MCA, apply throughout this subchapter:

- (1) "ACIP" means the advisory committee on immunization practices of the U.S. Public Health Service.
- (2) "Adequate documentation" means documentation which meets the specifications set forth in ARM 37.114.703.
- (3) "CLIA" means the federal clinical laboratory improvement amendments of 1988.
- (4) "Commencing attendance for the first time" means the first occasion a pupil attends any Montana school, and does not include transfers from one Montana school to another.
- (5) "Department" means the Department of Public Health and Human Services.
- (6) "DT vaccine" means a vaccine containing a combination of diphtheria and tetanus toxoids for pediatric use.
- (7) "DTP vaccine" and "DTAP vaccine" mean vaccines containing diphtheria and tetanus toxoids and pertussis (whooping cough) vaccine combined that are recommended for children under seven years of age.
- (8) "Hib vaccine" means a vaccine immunizing against infection by *Haemophilus influenza* type B disease.
- (9) "MMR vaccine" means a vaccine containing a combination of measles, mumps, and rubella vaccine.
- (10) "Montana Certificate of Immunization Form (HES 101)" means the form prescribed by the department as required by 20-5-406, MCA. Copies of the form may be requested from the Department of Public Health and Human Services, Public Health and Safety Division, Communicable Disease Control and Prevention Bureau, Immunization Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, telephone: (406)444-4735 or (406)444-5580.
- (11) "MR vaccine" means a vaccine containing a combination of measles and rubella vaccine.

(12) "Official parent maintained immunization record" means a standard document that is distributed by the department or by another state's principal health agency to record the immunization status of a child, is designed to be retained and maintained by the parents of that child, and includes the following:

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(a) the child's legal name, birthdate, sex and vaccination date (month, day and year) by vaccine type, except that in a postsecondary school, if only the month and year of administration are listed, the administration date will be considered to be the first day of that month; and

(b) for each administration of vaccine, the vaccination data must be completed and signed or stamped by the physician or officer of a health department who administered the vaccine or designee of the physician or officer.

(13) "Physician" is a person licensed to practice medicine in any jurisdiction in the United States or Canada and who holds a degree as a doctor of medicine or of osteopathy.

(14) "Polio vaccine" means a trivalent polio vaccine, known by the abbreviation OPV, or enhanced inactivated polio vaccine, known by the abbreviation of IPV.

(15) "Preschool" means any facility that is established chiefly for educational purposes, limits its services to children who are at least three years of age, and meets the definition of a preschool in 20-5-402, MCA.

(16) "Pupil" means a person who receives school instruction:

(a) in a preschool or kindergarten through grade 12 setting, including a foreign exchange student, regardless of the length of attendance or whether credit is received;

(b) in a home school, but only while participating in a group activity with pupils in a school otherwise subject to the requirements of Title 20, chapter 5, part 4, MCA, such as laboratories, libraries, gymnasiums, and team activities; or

(c) in a postsecondary school who is attending classes on the school's campus and who has either matriculated into a degree program or is registered for more than one-half of the full-time credit load that is normal for that school.

(17) "School enterer" means a pupil who is commencing attendance for the first time.

(18) "Td vaccine" means a vaccine containing tetanus and diphtheria toxoids and intended for administration to adults and to children seven years of age and older.

(19) "Transfer" means to change school attendance, at any time, from one public school district to another, between private schools, or between public and private schools, and includes a change which occurs between the end of one school year and commencement of the next.

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(20) "Vaccine" means:

(a) if administered in the United States, an immunizing agent recommended by the ACIP and approved by the Food and Drug Administration, U.S. Public Health Service; or

(b) if administered outside of the United States, an immunizing agent:

(i) administered by a person licensed to practice medicine in the country where it is administered or by an agent of the principal public health agency of that country; and

(ii) having adequate documentation. (History: 20-5-407, MCA; IMP, 20-5-402, 52-2-703, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

37.114.702 GENERAL IMMUNIZATION REQUIREMENTS FOR ALL SCHOOLS (1) This subchapter specifies the immunization requirements of 20-5-403, MCA.

(2) Administration of a vaccine is only acceptable if it is done in accordance with the standards and schedules for vaccine use adopted by ACIP of the U.S. Public Health Service.

(3) Half doses of vaccine are unacceptable for purposes of meeting the school immunization requirements of these rules.

(4) Doses of MMR vaccine, to be acceptable under these rules, must be given no earlier than 12 months of age, and a child who receives a dose prior to 12 months of age must be revaccinated before attending school. Dose two must be separated from dose one by at least 28 days.

(5) DTP and DTaP vaccines are not recommended or required to be administered to children seven years of age or older. (History: 20-5-407, MCA; IMP, 20-5-403, MCA; NEW, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)



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37.114.703

37.114.703 REQUIREMENTS FOR ADEQUATE DOCUMENTATION OF  
IMMUNIZATION STATUS

(1) The following are considered adequate documentation of immunization for the purposes of this subchapter, subject to the restriction in (2):

- (a) a record from any local health department in the United States, signed by a local health officer or nurse;
- (b) a certificate signed by a local health officer or nurse;
- (c) any immunization record, if information has been recorded and signed or stamped by a physician, physician's designee, local health officer, or that officer's designee;
- (d) a form approved by the U.S. federal government;
- (e) any state's official parent maintained immunization record;
- (f) the international certificates of vaccination approved by the world health organization;
- (g) the conditional enrollment form prescribed by the department;
- (h) documentation of a medical exemption signed by a physician;
- (i) documentation of a religious exemption, signed and notarized at the start of each school year, or, in a postsecondary setting, each year beginning with the date the pupil commences attendance; or
- (j) in the case of vaccine administered outside of the United States, a record of the vaccination signed by an official of the principal public health agency of the country where the vaccination occurred.

(2) Vaccine administration data may not be filled out by a parent, guardian or other person unless they are a physician, health department official or person otherwise authorized to do so by this subchapter. (History: 20-5-407, MCA; IMP, 20-5-402, MCA; NEW, 2005 MAR p. 1074, Eff. 7/1/05.)

37.114.704 REQUIREMENTS FOR ATTENDANCE AT A PRESCHOOL

(1) Before a prospective pupil may attend a Montana preschool, that school must be provided with adequate documentation that the prospective pupil has been immunized in accordance with the following standards:

(a) the prospective pupil must have received three doses of polio vaccine and four doses of DTP/DTaP vaccine or DT vaccine, subject to the requirement that DT vaccine administered to children is acceptable only if accompanied by a medical exemption for that prospective pupil from pertussis vaccination;

(b) the prospective pupil must receive one dose of MMR vaccine, administered no earlier than 12 months of age. A prospective pupil who receives a dose prior to 12 months of age must be revaccinated before attending a preschool; and

(c) one dose of Hib vaccine must be administered on or after the first birthday, unless the prospective pupil is older than 59 months of age.

(2) If a prospective pupil is not vaccinated with all of the vaccines required in (1), the prospective pupil must be immediately excluded from the preschool unless the prospective pupil is completely vaccinated, an exemption from a vaccine or vaccines is claimed, or the prospective pupil is enrolled conditionally.

(3) A prospective pupil may attend a preschool with conditional enrollment if:

(a) the prospective pupil has received at least one dose of each of the vaccines required for the prospective pupil's age;

(b) a department prescribed form documenting the prospective pupil's conditional immunization status is on file at the preschool, attached to HES 101; and

(c) the prospective pupil is not past due for the next required dose (as noted on the conditional enrollment form) of the vaccine in question.

(4) A preschool must keep immunization data for each enrolled pupil on HES 101, including the date, month and year of administration of all required vaccines.

(5) HES 101 must be completed with adequate documentation provided by the pupil's guardian, copies of which must be attached to HES 101 if the form is completed by daycare or school personnel.

(6) If a religious or medical exemption is claimed, the preschool must maintain the record of that exemption in accord with the requirements of ARM 37.114.715 or 37.114.716, whichever applies. (History: 20-5-407, MCA; IMP, 20-5-403 and 20-5-406, MCA; NEW, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

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37.114.705

37.114.705 REQUIREMENTS FOR UNCONDITIONAL ATTENDANCE AT A SCHOOL OFFERING ANY PORTION OF GRADES KINDERGARTEN THROUGH

12 (1) Before a prospective pupil may unconditionally attend a Montana school offering any portion of kindergarten through grade 12, that school must be provided with adequate documentation that the prospective pupil has been immunized through administration of the vaccines and on the schedules specified in this rule.

(2) Vaccines immunizing against diphtheria, pertussis, and tetanus must be administered as follows:

(a) A pupil or prospective pupil less than seven years of age must be administered four or more doses of DTP or DTAP vaccine, at least one dose of which must be given after the fourth birthday;

(b) A pupil or prospective pupil seven years old or older who has not completed the requirement in (2)(a) must receive additional doses of Td vaccine to reach a minimum of three doses of any combination of DTP, DTAP, DT or Td. Pertussis vaccine is not required for a pupil seven years of age or older;

(c) Beginning with the 2006-2007 school year, prior to entering the seventh grade, a pupil must receive a dose of vaccine containing Td if the following criteria are met:

(i) at least a five year interval must have passed since the pupil's previous doses of DTP, DTaP, DT or Td;

(ii) the pupil is 11 years of age or older; or

(iii) a dose of Td was not given to the pupil at seven years of age or older;

(d) If a pupil enters the seventh grade before reaching 11 years of age, a booster shot of Td must be administered to the pupil as soon as possible after the pupil attains that age, unless the pupil already was administered a dose of Td at seven years of age or older;

(e) DT vaccine administered to pupils less than seven years of age is acceptable only if accompanied by a medical exemption that exempts the pupil from pertussis vaccination.

(3) Polio vaccine must be administered to a prospective pupil in three or more doses of trivalent poliomyelitis vaccine, at least one dose of which must be given after the fourth birthday.

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(4) Beginning with the 2005-2006 school year, the following pupils must have received two doses of live measles, mumps and rubella vaccine at/or after 12 months of age, separated by at least one month between doses:

(a) a pupil entering kindergarten, or, in the case of a school with no kindergarten, first grade; or

(b) a pupil entering any grade from seventh grade to twelfth grade who has not already received the two required doses. (History: 20-5-407, MCA; IMP, 20-5-403, 20-5-405, 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

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37.114.708

37.114.708 DOCUMENTATION OF IMMUNIZATION STATUS OF  
PERSONS COMMENCING ATTENDANCE IN PRESCHOOL OR KINDERGARTEN  
THROUGH GRADE 12

(1) A school must obtain and keep the following immunization data for each pupil on HES 101 after receiving adequate documentation of:

- (a) legal name;
  - (b) birthdate;
  - (c) sex; and
  - (d) the vaccination date (month, day and year) of each vaccine administered.
- (2) HES 101 may be accepted by the school without reference to other

adequate documentation if:

- (a) sections I and II are completed and signed by a physician, local health department official or the designee of either; and
- (b) section IV is signed by a physician.

(3) If the information required by (1) has not been provided to the school on HES 101:

- (a) immunization data must be transferred onto HES 101 from adequate documentation;

(b) sections I and II of HES 101 must be signed and dated by a school official or the official's designee; and

(c) beginning with pupils entering a Montana school for the first time during or after the 2005-2006 school year, a copy of the adequate documentation must be attached to HES 101. (History: 20-5-407, MCA; IMP, 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

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37.114.709

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37.114.709 REQUIREMENTS FOR UNCONDITIONAL ATTENDANCE AT A POSTSECONDARY SCHOOL (1) Before a prospective pupil may enter a Montana postsecondary school, the prospective pupil must provide the school with the proof of measles (rubeola) and rubella immunity as specified in (2) or (3), whichever is applicable.

(2) If a prospective pupil was born in 1957 or later, the school must receive either:

(a) adequate documentation that:

(i) the prospective pupil was administered two doses of live MMR or MR vaccine, or any equivalent combination of measles and rubella vaccines, subject to the restrictions in ARM 37.114.712(2); and

(ii) dose one was administered at or after 12 months of age, and dose two was administered at least 28 days after dose one; or

(b) a CLIA approved laboratory report that meets the requirements of ARM 37.114.712(2) and indicates the prospective pupil is immune to measles and rubella.

(3) If a prospective pupil was born prior to 1957, the school must receive either:

(a) one of the forms of proof of measles and rubella immunity cited in (2); or

(b) the evidence of date of birth before January 1, 1957, required by ARM 37.114.712(2).

(4) In the event of an outbreak of either measles or rubella, a pupil must provide the documentation required by either (2)(a) or (b) or be excluded from classes and other school sponsored activities until the local health officer indicates to the school that the outbreak is over. If the laboratory documentation required by (2)(b) is provided, the laboratory report need only show immunity to whichever of the two diseases is the cause of the outbreak.

(5) The school must maintain a list of pupils who were born prior to 1957 and who provide the school only with the documentation specified in (3)(b). In the event of an outbreak of measles or rubella, the school must exclude those pupils as required by (4).

(6) A pupil who enters a postsecondary school may be conditionally enrolled as allowed by ARM 37.114.711 if that pupil has received only one dose of MMR or MR, but must have received the second dose before being eligible to attend during the next school term. (History: 20-5-407, MCA; IMP, 20-5-403, 20-5-406, MCA; NEW, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

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37.114.710

37.114.710 REQUIREMENTS FOR CONDITIONAL ENROLLMENT IN A PRESCHOOL OR A SCHOOL OFFERING ANY PORTION OF KINDERGARTEN THROUGH GRADE 12

(1) A prospective pupil who does not meet school immunization entry requirements for a preschool or a school offering any portion of kindergarten through grade 12 may be admitted to school under the following conditions:

(a) A physician or local health department must indicate on the department's conditional attendance form that immunization of the prospective pupil has already been initiated by the prospective pupil receiving, at a minimum, one dose of each of the vaccines required in ARM 37.114.705. If a prospective pupil is exempt from any of the foregoing vaccinations, the requirements of this rule apply to the remaining immunizations for which no exemption exists.

(b) The conditional attendance form must include the date each dose of the required vaccines are to be administered, the signature of the physician, the physician's designee or the school or public health official who established the foregoing immunization schedule, and the signature of a parent or guardian acknowledging the immunization schedule; and

(c) The parent or guardian must return the form to the school before the prospective pupil may attend.

(2) The conditional attendance form prescribed by the department must be used to document conditional attendance status and must be retained in the pupil's school record.

(3) If the pupil who is attending school conditionally fails to receive vaccines on the date they are due, as stated on the conditional exemption form, the pupil must:

(a) be vaccinated;

(b) qualify for and claim an exemption from the immunizations not received and documented; or

(c) be excluded immediately from school by the school administrator or by their designee.

(4) A pupil who is excluded from school due to failure to meet the requirements of the conditional exemption may return to school only after the school receives the required documentation that the pupil has been administered the vaccines that were due according to the immunization schedule on the conditional form. If additional immunizations are still required, a physician, physician's designee or the school or public health official must reestablish the schedule as stated in (1)(b). (History: 20-5-407, MCA; IMP, 20-5-402, 20-5-404, 20-5-405, 20-5-408, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1981 MAR p. 1788, Eff. 12/18/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

37.114.711 REQUIREMENTS FOR CONDITIONAL ENROLLMENT IN A POSTSECONDARY SCHOOL (1) A prospective pupil who has not received two doses of live measles (rubeola) and rubella vaccine or provided the school with the alternative documentation allowed by ARM 37.114.709(2) may be admitted to postsecondary school under the following conditions:

(a) the prospective pupil must receive a second dose of live measles and rubella vaccine before the beginning of the succeeding school term and no earlier



than 28 days after administration of the first dose of measles and rubella vaccine; and

(b) the conditional enrollment form must be signed by the prospective pupil, acknowledging the measles and rubella immunization schedule and deadline date for compliance.

(2) If the pupil attending school conditionally fails to complete measles and rubella immunization within the time period indicated in (1)(a), the pupil must either qualify for and claim an exemption from measles and rubella immunization or be excluded immediately from school by the school administrator or that person's designee.

(3) A pupil excluded from school due to failure to receive the second dose of measles and rubella vaccine by the deadline specified in (1)(a) may continue school only after the pupil has received a second dose of measles and rubella vaccine or claims an exemption from immunization. (History: 20-5-407, MCA; IMP, 20-5-402, 20-5-404, 20-5-405 and 20-5-408, MCA; NEW, 2005 MAR p. 1074, Eff. 7/1/05.)

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37.114.712

37.114.712 DOCUMENTATION OF IMMUNIZATION STATUS OF  
PERSONS COMMENCING ATTENDANCE IN A POSTSECONDARY SCHOOL

(1) Postsecondary schools must keep immunization data for each pupil either on HES 101 or on another document that includes, at a minimum:

(a) the pupil's name and birth date;

(b) the vaccination dose type administered to the pupil; and

(c) the month, day, and year each dose was administered, unless only the month and year of administration are known, in which case the administration date will be considered to be the first day of that month.

(2) Documentation of the proof of measles and rubella immunity required by ARM 37.114.709 must meet the following standards:

(a) there must be adequate documentation of the doses required by ARM 37.114.709, subject to the following restrictions:

(i) no measles vaccination given before 1967 is valid; and

(ii) no rubella vaccination given before 1969 is valid;

(b) if the pupil was born prior to January 1, 1957, proof of age must be made through a driver's license, school transcript, birth certificate, or passport, as long as the date of birth is indicated on the document;

(c) if a laboratory report is submitted to prove immunity, it must come from a CLIA approved laboratory report and:

(i) indicate that the person is immune to either measles and rubella;

(ii) specify the type of test performed and the test date; and

(iii) include a determination from the clinician interpreting the laboratory results.

(3) The documentation of immunization status must be kept on file with the immunization records required by (1). (History: 20-5-407, MCA; IMP, 20-5-406, MCA; NEW, 2005 MAR p. 1074, Eff. 7/1/05.)

Rules 37.114.713 and 37.114.714 reserved

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37-28977

COMMUNICABLE DISEASE CONTROL

37.114.715

37.114.715 MEDICAL EXEMPTION (1) A prospective pupil seeking to attend school is not required to have any immunizations which are medically contraindicated. A written and signed statement from a physician that an immunization is medically contraindicated will exempt a prospective pupil from those

immunization requirements as deemed necessary by the physician. The required vaccines are listed in 20-5-403, MCA.

(2) The statement must include:

(a) which specific immunization is contraindicated;

(b) the period of time during which the immunization is contraindicated;

(c) the reasons for the medical contraindication; and

(d) when deemed necessary by a physician, the results of immunity testing performed on a pupil entering kindergarten through grade 12. The tests must indicate serological evidence of immunity and must be performed by a CLIA approved lab. A copy of the test result must be attached to HES 101, beginning with school enterers in school year 2005-2006.

(3) It is preferred, but not mandatory, that a physician's medical exemption be recorded on HES 101.

(4) The physician's written statement must be maintained by the school as part of the immunization record of the pupil qualifying for the exemption. In preschool and kindergarten through grade 12 settings, the written statement must be attached to the HES 101 beginning with the 2005-2006 school year. (History: 20-5-407, MCA; IMP, 20-5-405, 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

37.114.716 RELIGIOUS EXEMPTION (1) A prospective pupil seeking to attend school is exempt from all or part of the immunization requirements if the parent or guardian of that prospective pupil, an adult responsible for that prospective pupil, or the prospective pupil if an adult or an emancipated minor, objects thereto in a signed, written statement indicating that the proposed immunization interferes with the free exercise of the religious beliefs of the person signing the statement.

(2) In any school other than a postsecondary school, a claim of exemption from immunization requirements on religious grounds must be notarized annually and maintained on a form HES 113, Affidavit of Exemption on Religious Grounds, provided by the department. The form must be provided to the school prior to each school year by the parent, guardian or adult responsible for the pupil. If the pupil is 18 years of age or older or emancipated, the pupil may claim the exemption.

(3) In a postsecondary setting, a religious exemption must be maintained on form HES 113 and signed, notarized and submitted each year of attendance, beginning with the date of initial attendance at the school. The form must be completed and resubmitted each year thereafter.

(4) The original copy of the claim of religious exemption must be kept by the school as part of the pupil's school record. (History: 20-5-407, MCA; IMP, 20-5-405, 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

Rules 37.114.717 through 37.114.719 reserved

37.114.720 REPORT OF IMMUNIZATION STATUS (1) A report of the immunization status of the pupils in every school must be sent each year to the department by the school's governing authority or designee on a form provided by the department.

(2) The report must include the immunization status of all pupils and must be submitted by December 1 of each school year.

(3) A copy of the report must be sent concurrently from the school to the local health department, or, if there is no local health department, to the local board of health or local health officer.

(4) The school must keep a record of any change in immunization status of a pupil from that stated on the report. Such records must be available upon request to the department or local health authority. (History: 20-5-407, MCA; IMP, 20-5-408, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1982 MAR p. 1936, Eff. 10/29/82; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

37.114.721 REPORT OF NONCOMPLIANCE FOR KINDERGARTEN  
THROUGH GRADE 12

(1) If a pupil is excluded from a school offering kindergarten through grade 12 due to the failure to meet the requirements for conditional enrollment in ARM 37.114.710, the school must notify by the end of the third day following the exclusion, by U.S. mail, the following:

(a) the local health officer; and

(b) the Department of Public Health and Human Services, Public Health and Safety Division, Communicable Disease Control and Prevention Bureau, Immunization Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, telephone: (406)444-4735 or (406)444-5580.

(2) If adequate documentation has been provided prior to the end of the three days, notification is not necessary.

(3) Concurrent telephone notification of either or both of the above agencies is encouraged but not required.

(4) The notification must include:

(a) the name of the excluded person;

(b) his or her address;

(c) the name of the parents, guardian or responsible adult; and

(d) the date of exclusion.

(5) Written documentation of that notification must be placed in the school file, if any, of the pupil excluded, or in a special file established for such documentation, if the pupil has no school file. Such documentation must include the information noted in (4), date of mailing, and name of the individual giving the notification. (History: 20-5-407, MCA; IMP, 20-5-408, MCA; NEW, 1981 MAR p. 620, Eff. 7/1/81; AMD, 1981 MAR p. 1788, Eff. 12/18/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93; TRANS, from DHES, 2002 MAR p. 913; AMD, 2005 MAR p. 1074, Eff. 7/1/05.)

Rules 37.114.722 through 37.114.798 reserved

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ADMINISTRATIVE RULES OF MONTANA  
COMMUNICABLE DISEASE CONTROL

37.114.799

37.114.799 DOCUMENTATION OF IMMUNIZATION STATUS OF  
PERSONS COMMENCING ATTENDANCE FOR THE FIRST TIME PRIOR TO  
AUGUST 1, 1980, AT A SCHOOL OFFERING ANY PORTION OF GRADES  
KINDERGARTEN THROUGH 12 (REPEALED) (History: 20-5-407, MCA; IMP, 20-  
5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff.  
6/27/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff.  
6/11/93; TRANS, from DHES, 2002 MAR p. 913; REP, 2002 MAR p. 1511, Eff.  
5/17/02.)

Subchapters 8 and 9 reserved

Subchapter 10

Tuberculosis Control

37.114.1001 DIAGNOSIS (1) The procedure and tests needed to diagnose whether or not an individual is infected with tuberculosis or has it in its communicable state, taking into account that person's particular history, are those contained in "Diagnostic Standards and Classification of Tuberculosis and Other Mycobacterial Diseases", a 1986 publication of the American thoracic society (ATS).

(2) Examination of body tissues or secretions by microscopy and culture by a laboratory is required to establish the diagnosis of tuberculosis. It is recommended that at least six sputa, gastrics, or urine be negative for M. tuberculosis to rule out active disease. The growth of a single colony of M. tuberculosis is diagnostic.

(3) A tuberculin skin test shall include:

(a) an intra-dermal injection of 0.0001 milligrams (five tuberculin units) of purified protein derivative in 0.10 cubic centimeters (cc) of sterile diluent; and

(b) recordation of the size of the palpable induration in millimeters (mm) no less than 72 hours following injection.

(i) A significant reaction is one in which the induration is not less than five mm.

(ii) An insignificant or negative reaction is one in which the induration is not present or, if present, is less than five mm.

(4) The department hereby adopts and incorporates by reference "Diagnostic Standards and Classification of Tuberculosis and Other Mycobacterial Diseases", a 1986 publication of the American Thoracic Society which specifies the diagnostic methodology appropriate for tuberculosis. A copy of the above publication may be obtained from the Department of Public Health and Human Services, Health Policy and Services Division, Communicable Disease Control and Prevention Bureau, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-0273. (History: 50-1-202, 50-17-103, 50-17-105, MCA; IMP, 50-1-202, 50-17-103, 50-17-105, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)



37.114.1002 TUBERCULOSIS: COMMUNICABLE STATE (1) A person has communicable tuberculosis if one of the following conditions exists:

(a) laboratory examination of sputa, gastric washings, bronchial washings, or pulmonary tissue culture shows, in at least one sputum specimen, the presence of either acid-fast bacilli or *Mycobacterium tuberculosis* (*M. tuberculosis*).

(b) a chest x-ray shows changes characteristic of tuberculosis; or

(c) in the case of extrapulmonary tuberculosis, drainage from the extrapulmonary site is not being disposed of in accordance with infection control precautions.

(2) A person diagnosed as having communicable tuberculosis will continue to be regarded as having communicable tuberculosis until:

(a) a culture of the specimen which was positive for *M. tuberculosis* or acid-fast bacilli on a smear shows, in a manner acceptable to the department, either no bacterial growth or an organism other than *M. tuberculosis*, if the diagnosis was based on laboratory analysis of a sputum specimen;

(b) a tuberculin skin test is negative (induration is less than five mm or absent altogether) and sputa or gastric specimens taken on three consecutive days are found negative for acid-fast bacilli, if the diagnosis was based on chest x-ray results;

(c) anti-tuberculosis drugs are being administered and tests of sputa or respiratory secretion specimens taken on three consecutive days are negative for acid-fast bacilli; or

(d) in the case of extrapulmonary tuberculosis, drainage from the extrapulmonary site is disposed of according to infection control precautions.

(History: 50-1-202, 50-17-103, MCA; IMP, 50-1-202, 50-17-103, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

Rules 37.114.1003 and 37.114.1004 reserved

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ADMINISTRATIVE RULES OF MONTANA  
COMMUNICABLE DISEASE CONTROL

37.114.1006

37.114.1005 ISOLATION OF CASE TESTING AND QUARANTINE OF CONTACTS (1) Isolation must be imposed upon a case of communicable tuberculosis until the infected person is determined by the department or local health officer to be no longer communicable.

(2) The department or local health officer may require contacts of a case to be tested for tuberculosis infection.

(3) No quarantine of contacts is required unless the contact is in a communicable state. (History: 50-1-202, 50-1-204, 50-2-118, 50-17-103, MCA; IMP, 50-1-202, 50-1-204, 50-2-118, 50-17-102, 50-17-103, 50-17-105, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 2000 MAR p. 2528, Eff. 9/22/00; TRANS, from DHES, 2002 MAR p. 913; AMD, 2006 MAR p. 2112, Eff. 9/8/06.)

37.114.1006 TREATMENT STANDARDS (1) It is the opinion of the department that medical treatment of tuberculosis, in order to meet currently acceptable medical standards, must be consistent with those standards contained in "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children", a statement adopted by the American Thoracic Society Board of Directors in March, 1986, and recommended by the Centers for Disease Control. A copy of the ATS tuberculosis treatment standards is available from the Department of Public Health and Human Services, Health Policy and Services Division, Communicable Disease Control and Prevention Bureau, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-0273. (History: This rule is advisory only, but may be a correct interpretation of the law; 50-1-202, 50-17-103, MCA; IMP, 50-17-102, 50-17-105, 50-17-107, 50-17-108, 50-17-112, 50-17-113, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

Rules 37.114.1007 through 37.114.1009 reserved

37.114.1010 EMPLOYEE OF SCHOOL: DAY CARE FACILITY CARE PROVIDER (1) With the exceptions specified in (2) and (3) below:

(a) No public or private school, as defined in (10) below, or school cooperative may initially employ or continue to employ a person unless that person has provided the school, the cooperative, or the district to which the school belongs with:

(i) documentation of the results of a tuberculin skin test done within the year prior to initial employment, along with the name of the tester and the date and type of test administered, unless the person provides written medical documentation that s/he is a known tuberculin reactor, in which case (6) of this rule applies; and

(ii) if the test results are positive, documentation in the form of a written statement from a physician that the physician has confirmed that the person does not have communicable tuberculosis. For purposes of this subsection, a person who is rehired from one school year to the next is considered to be continuously employed, and the required documentation need not be submitted again prior to employment for any school year subsequent to the first year of employment.

(b) No person, including the owner or operator, may provide care directly to children in a day care facility as defined in 52-2-703, MCA, unless s/he has, on site at the facility, the documentation described in (a) above.

(2) If a person is already employed by a school, school district, or cooperative, or providing direct child care in a day care facility on December 25, 1992, but has not, by that date, provided the documentation required by (1) above, s/he must provide the required documentation by January 25, 1993; if a skin test is required, it must have been performed after January 25, 1992.

(3)(a) A person who is not a known tuberculin reactor, is not known to have communicable tuberculosis, and has not had a tuberculin skin test performed as required in (1) above may be employed in a school or work in a day care facility until the date specified in (b) below if s/he provides the employer with:

(i) a signed and dated written statement by a licensed physician that no such skin test should be performed at that date for medical reasons, along with the specific medical reasons why the test is temporarily inadvisable and the date after which the test may be administered; and

(ii) a signed and dated written statement by a licensed physician that s/he has examined the person to determine whether or not symptoms of tuberculosis exist and has found no such symptoms.

(b) If, within two weeks after the date upon which the physician's statement indicates the test is once again medically acceptable, the person has not provided the school, school district, cooperative, or day care facility with the documentation required by (1)(a) above, the school, district, cooperative, or day care facility must suspend that person's employment, or, in the case of a day care facility, that person's direct child care services, immediately until the documentation is submitted to it.

(4)(a) Each private school and public school district, including a district within a cooperative, must keep in its central offices documentation for each current employee of either the date, type, tester, and results of the tuberculin skin test, or the fact that (6) of this rule applies, and, if the test results are positive, the required documentation that the employee is not communicable.

(b) Each day care facility must keep on site the documentation required in (a) above for each person providing direct child care at that facility.

(5) If the day care worker or school employee's tuberculin skin test is negative, that person need not receive further routine screening for tuberculosis unless s/he has frequent or close exposure to a person with a communicable pulmonary tuberculosis.

(6)(a) If the tuberculin skin test results are significant or if the school employee or day care worker has ever, in the past, had a positive tuberculin skin test with purified-protein derivative and has not had adequate chemoprophylaxis, s/he must be evaluated by a physician, either before or within one week after receiving the results of the test, in the case of a test with significant results, or one week after commencing employment, in the case of an untreated person with a past positive test result, to ascertain whether or not s/he has any of the following conditions:

- (i) x-rays indicative of tuberculosis infection;
- (ii) history of exposure to a case of communicable tuberculosis within the previous two years;
- (iii) history of a negative tuberculin skin test within the previous two years;
- (iv) severe or poorly controlled diabetes mellitus;
- (v) disease associated with severe immunologic deficiencies (e.g., cancer, reticuloendothelial disease, or HIV infection);

- (vi) immunosuppressive therapy (i.e., corticosteroids, ACTH, cytotoxins);
- (vii) gastrectomy;
- (viii) chronic obstructive pulmonary disease;
- (ix) renal transplantation; and/or
- (x) ileal bypass surgery for obesity.

(b) If any of the conditions listed in (6)(a) of this rule are present, the tuberculin-positive school employee or day care worker must be counseled that s/he is at relatively high risk of developing tuberculosis disease and that s/he should complete six months of chemoprophylaxis if s/he has not already done so, unless medically contraindicated according to the standards contained in "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children", a joint statement of the Centers for Disease Control and the American Thoracic Society, adopted March, 1986.

(c) Further surveillance is not required of a tuberculin-positive school employee or day care worker with any condition listed in (6)(a) of this rule who completes six months of chemoprophylaxis.

(d) A tuberculin positive school employee or day care worker with any of the conditions listed in (6)(a) of this rule who does not complete six months of chemoprophylaxis must annually provide his or her employer with documentation from a physician that s/he is free of communicable tuberculosis, or, in the case of a day care facility worker, provide the facility with that documentation.

(e) A tuberculin-positive school employee or day care worker with none of the conditions listed in (6)(a) of this rule or with a history of close exposure to a case of communicable pulmonary tuberculosis within the previous two years or a history of a negative tuberculin test within the previous two years may be released from further routine tuberculosis surveillance following two negative chest x-rays one year apart. However, if such an employee or worker does not complete six months of chemoprophylaxis as well, s/he must be examined by a physician every five years after the second negative x-ray is taken to determine whether symptoms of tuberculosis exist.

(7) If a school employee or day care worker is diagnosed as having communicable tuberculosis or being infected with tuberculosis, that person may not

(8) If a school employee or day care worker violates any requirement of this rule, that person may not work in a school or daycare facility until s/he complies with the terms of this rule.

Rules 37.114.1011 through 37.114.1014 reserved

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ADMINISTRATIVE RULES OF MONTANA  
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37.114.1015

37.114.1015 FOLLOW-UP AND REPORTING (1) The local health officer must ensure that each case of tuberculosis within his/her jurisdiction obtains the follow-up tests, treatment, and monitoring recommended by the American Thoracic Society and the Centers for Disease Control in their joint statements "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children", adopted March, 1986, and "Control of Tuberculosis", adopted March, 1983.

(2) The local health officer must submit a report to the department every three months documenting the course of treatment of each reported tuberculosis case within his/her jurisdiction.

(3) The department hereby adopts and incorporates by reference the portions of the joint statements of the American Thoracic Society and the Centers for Disease Control entitled "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" (March, 1986) and "Control of Tuberculosis" (March, 1983), which specify the follow-up tests, treatment, and monitoring necessary to ensure adequate recovery from tuberculosis. A copy of each statement may be obtained from the Department of Public Health and Human Services, Health Policy Services Division, Communicable Disease Control and Prevention Bureau, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-0273. (History: 50-1-202, 50-17-103, MCA; IMP, 50-1-202, 50-17-102, 50-17-105, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)

ADMINISTRATIVE RULES OF MONTANA 9/30/06  
37.114.1016 DEPARTMENT OF PUBLIC HEALTH  
AND HUMAN SERVICES

37-29183

37.114.1016 SUBMISSION OF SPECIMENS (1) Whenever a physician diagnoses a case of tuberculosis, s/he must ensure that a specimen from the case is sent to the department's microbiology laboratory.

(2) Whenever a laboratory finds a specimen tests positive for M. tuberculosis or acid-fast bacilli, the laboratory must forward the specimen to the department's microbiology laboratory for confirmation of the results and drug susceptibility testing. (History: 50-1-202, 50-17-103, MCA; IMP, 50-1-202, 50-17-102, 50-17-103, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; TRANS, from DHES, 2002 MAR p. 913.)



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